

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/567532</b>	FILING DATE	
							APPLICANT(S)		
<b>CLAIMS</b>									
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1								
2		1							
3		1							
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TOTAL IND.	1	↓		↓		↓			
TOTAL DEP.	7	←		←		←			
TOTAL CLAIMS	8								
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
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100									
TOTAL IND.		↓		↓		↓			
TOTAL DEP.		←		←		←			
TOTAL CLAIMS									